
 <h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	10/541,009
	Confirmation Number	
	Filing Date	with an effective filing date of December 17, 2003
	First Named Inventor	Rémy SCHMIDT
	Group Art Unit	1797
	Examiner Name	Charles E. Cooley Fax: (571) 273-8300
Total No. of Pages in this Submission: 19		Attorney Docket Number METPAT P78AUS

ENCLOSURES (check all that apply)

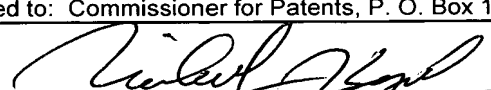
<input checked="" type="checkbox"/> Fee Transmittal Form [1] (in Duplicate) <input checked="" type="checkbox"/> Fee attached - Check \$1,096.00 <input checked="" type="checkbox"/> Amendment/Response [12] <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request [1] (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> <input type="checkbox"/> Certified Copy of Priority <input type="checkbox"/> Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers <input type="checkbox"/> (for an Application) <input type="checkbox"/> Drawing(s) --Annotated Sheet(s) ... <input type="checkbox"/> Replacement Sheet(s) ... <input type="checkbox"/> <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition ... <input type="checkbox"/> <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address . <input type="checkbox"/> <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> <input type="checkbox"/> Request for Refund <input type="checkbox"/>	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> <input type="checkbox"/> Status Letter <input type="checkbox"/> <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Request for Continued Examination [1] (in Duplicate) Postcard
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REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	April 8, 2009	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on April 8, 2009	
Signature	 Date: April 8, 2009 (amp)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

FEE TRANSMITTAL For FY 2008

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit

10/541,009
with an effective filing date of
December 17, 2003
Rémy SCHMIDT
Charles E. Cooley
1797

Attorney Docket No.

METPAT P78AUS

TOTAL AMOUNT OF PAYMENT: \$1,096.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
23	3	52	156.00			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
-3 or HP +		\$220/\$110				

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

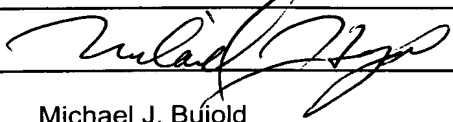
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	No. of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50 =	(round up to a whole number) x	\$270/\$135	=

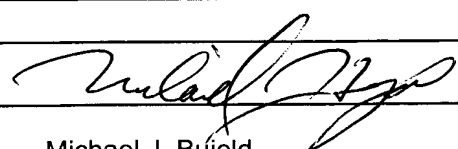
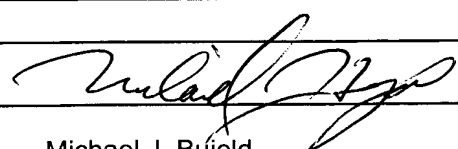
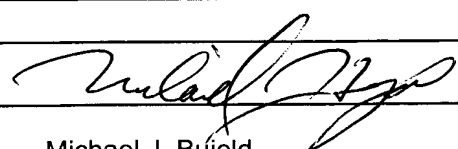
4. OTHER FEE(S)

Other (e.g., late filing surcharge):	Petition for One Month Extension of term	\$130.00
	Request for Continued Examination	\$810.00

SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Date: April 8, 2009
	Registration No. (Atty/Agent) 32,018	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <p>FEE TRANSMITTAL For FY 2008</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>TOTAL AMOUNT OF PAYMENT: \$1,096.00</p>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Application No. Filing Date First Named Inventor Examiner Name Art Unit </td> <td style="width: 50%; vertical-align: top;"> 10/541,009 with an effective filing date of December 17, 2003 Rémy SCHMIDT Charles E. Cooley 1797 </td> </tr> <tr> <td style="vertical-align: top;"> Attorney Docket No. </td> <td style="vertical-align: top;"> METPAT P78AUS </td> </tr> </table>		Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/541,009 with an effective filing date of December 17, 2003 Rémy SCHMIDT Charles E. Cooley 1797	Attorney Docket No.	METPAT P78AUS																																																																																																																																																																																																																												
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